

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	ist(s)Robert	L. Best		
II. Name of lobby	ist's partnership, fir	m or corporation, if a	ny:	
Sullow	ay & Hollis, P.L.L	.C.		
	Name of partnership, fir			
	tol Street	Concord	New Hampshire	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 224-2341		(603) 226-2404	e-mail <u>rbest@sullc</u>	wa.com
(Telephon	e)	(Fax)	
III. This statemen reportable expens	t covers: (Choose on e transactions which	e – file separate repoi i are not attributable i	rts for each client, OR you may f to any one client).	ile a separate report for
		in the months prior to	the reporting date relative to the fo	ollowing client:
	LM (Full Name of Clie	ent as it appears on the Lo	bbyist Registration Form)	
<u>OR</u>	(Function of Chi	one as te appears on the go	objected surface to the	
☐ All reportable tr unrelated to any par		byist (including the lob	byist's family), or the lobbying fir	m listed below which are
IV. Date of Report Reports cover: ac	t April 26, 2017 ctivity from date of regi		July 26, 2017 [] activity from 4/1/17 to 6/30/17	
	October 25, 201 activity from 7/1/17	7 V	January 31, 2018 activity from 10/1/17 to 12/31/17	
V. There have be If this box is checke Concord, NH 0330.	d, complete just this j	d and no reportable form and submit it to th	transactions made since the late Secretary of State's Office, State	last report. V House, Room 204,
VI. Check if additi	ional reports are atta	ached:		
	•		ile Addendum A -Fees and Exper	nses
	d an honorarium or re		u must file Addendum B – Report	
☐ If you, your firm	m, or your family has	made political contribu	utions, you must file Addendum (C- Political Contributions
I have read RSA 15 and complete to the (Signature of lobby	best of my knowledg	-C and RSA 664 and he	ereby swear or affirm that the fore [o 2017 (Date)	
(Print Name of lob)	byist)			